

UNDERGRADUATE ASSOCIATE Member Application

An Undergraduate Associate member is one who is enrolled in an undergraduate program at an accredited institution for higher learning. Undergraduate Associate members may not vote or hold office, but shall receive all Academy publications and materials and are entitled to all other benefits of membership. Undergraduate Associate members must have an active interest in the field of audiology. Undergraduate Associate membership will terminate upon graduation with a Bachelor's degree or disenrollment from an undergraduate program.

Mail:
American Academy of Audiology
11480 Commerce Park Dr., Suite 220
Reston, VA 20191

Web site:
www.audiology.org

Fax:
703-790-8631

Questions?
Contact the membership department at
703-790-8466 or membership@audiology.org

Personal Information

This information will appear in our online membership directory. **Please type or print clearly.**

Mr. Ms.

For Office Use Only

Cert Card _____

FIRST NAME M.I. LAST NAME PREVIOUS NAME

ADDRESS

ADDRESS

CITY STATE ZIP COUNTRY

TELEPHONE E-MAIL BIRTH DATE (MM/DD/YY)

Enrollment Information

EXPECTED DEGREE INSTITUTION AND LOCATION MAJOR EXPECTED GRADUATION DATE

Please obtain the signature of a faculty member at your school willing to verify your enrollment.

I verify this student is currently enrolled in an undergraduate program.

FACULTY MEMBER SIGNATURE DATE

PRINT NAME OF FACULTY MEMBER

By joining the Academy, Undergraduate Associate members agree to uphold the professional reputation of the American Academy of Audiology and the Student Academy of Audiology.

SIGNATURE DATE

Fees

Membership Dues

UNDERGRADUATE ASSOCIATE

MEMBER TYPE AMOUNT DUE

JAAA Opt-in to Print (access to JAAA online included with dues) **\$75**

TOTAL ENCLOSED (USD) \$ _____

Membership dues and application fees are subject to change annually and are nonrefundable.

Payment Information

Payment Method

Check enclosed payable to American Academy of Audiology Inc.

Visa MasterCard American Express Discover

CARDHOLDER'S NAME

CARD NUMBER

EXPIRATION DATE

CARDHOLDER'S SIGNATURE

**Student
Academy of
Audiology** 